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ABSTRACT

Papers on "Current Issues and Their Implications for Practical Nurse Programs" included in the document were authored by Margaret McLaughlin, Ruth B. Edelson, and Kenneth G. Skaggs. Summaries of presentations by Robert M. Morgan and Helen K. Powers are also included. (JK)

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CURRENT ISSUES AND THEIR IMPLICATIONS FOR PRACTICAL NURSING PROGRAMS

Papers Presented at the First Conference of the Council of Practical Nursing Programs

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Papers Presented at the First Conference of
The Council of Practical Nursing Programs
Held in Washington, D.C., May 9-10, 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Editor's note. As a result of the changes in the NLN bylaws made at the 1967 convention, the Council of Member Agencies of the Department of Practical Nursing Programs became the Council of Practical Nursing Programs. To keep the historical record straight for librarians and any future researchers, the final meeting of the group under its former name was the sixth conference, held in May, 1967, and the papers presented were published in the same year under the title Are We Preparing Licensed Practical Nurses to Meet Community Needs? For purposes of continuity, the present document, the report of the first conference of the Council of Practical Nursing Programs, may be considered as succeeding the title named above.

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GREETINGS

Honorable Walter E. Washington

It is indeed a pleasure to welcome you to the Nation's Capital. Although you have just missed the cherry blossoms and the azaleas have begun to fade, I am sure you will find Washington a beautiful and pleasant place to meet and visit. If you have not been here before, you will want to spend some time visiting our many memorials, the Smithsonian, our Government buildings and other points of interest. You even can find a sidewalk art show and everything at the the theatre from Johnny Carson to "You Know I Can't Hear You When the Water's Running."

I am especially delighted to welcome to Washington a group whose main interest is in the field of health. As all of you know, in this city we are in the process of rebuilding. We are interested in urban redevelopment and the construction of necessary housing projects. We are interested in industrial expansion. We are interested in providing residents with employment opportunities and offering work training to those who need skills, including those who can become licensed practical nurses. We are interested in providing our children with good educational and recreational programs. We are interested in making our Nation's Capital a beautiful city.

But above all, we are interested in providing each of our citizens an opportunity for personal growth and development as a human being. To achieve this goal, our citizens must be healthy. Licensed practical nurses and you who train them play an important part in our undertaking of today and in our plans for tomorrow.

I understand that at the present time there are about 1,000 state-approved programs of practical nursing in the United States and that programs for the education of practical nurses have been increasing at the rate of 50 new ones each year, largely under the impetus of funds made available under the Manpower Development and Training Act of 1962. This Act is a prime example of what can be accomplished with government and private enterprise working hand in hand.

I am sure that your schools and educational programs are continuing to develop because your graduates are helping to meet more and more of the personal and community needs for nursing care. Since the demands for medical care continue to increase, the need for qualified nursing personnel also will continue. This has become especially true with the passage of Title XIX, Medicaid.

It took 30 years after the passage of the Social Security Act for Medicaid to become law. I think that legislative history will show that one of the reasons a program of health insurance and medical care for the aged was not included in the original Social Security Act of 1935 was that health care facilities were believed to be inadequate for such a program. Today, Medicare is a reality and Medicaid is becoming a reality. Also a reality are the licensed practical nurses whose services are absolutely essential to insure that eligible persons, especially our older citizens, receive top-quality nursing care under these programs.

Locally, licensed practical nurses have many opportunities for employment. They

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Walter E. Washington is Mayor of Washington, D.C.

are employed in practially all situations where nursing is practiced, in institutions of all types, in community health agencies, in the home, in physicians' offices, and in industry. Although Civil Service still classifies licensed practical nurses in the Nursing Assistant Series, something which I believe should be corrected by upgrading, they are able to enter the employment field more readily and advance more rapidly along the career ladder.

In the D.C. Department of Public Health, for example, the licensed practical nurse serves as a team member giving care to the chronically ill patient at home, serves as clinic manager and provides nursing services in special clinics, such as the eye and podiatry clinics, where she is responsible for numerous special treatments and tests. Presently, the LPN is working therapeutically with patients on an individual and group basis in our mental health programs, carrying out selected nursing procedures and treatments, administering selected medications and participating in team conferences in planning for and providing patient care in all programs, including mental retardation, chronic disease, and maternal and child health.

At D.C. General Hospital, approximately 275 licensed practical nurses are assigned to all ward services. In giving care to patients, they are responsible for many complex treatments.

At our 600-bed chronic disease hospital in Glenn Dale, Maryland, the licensed practical nurse is assigned to the tuberculosis and chronic disease service. There is considerable bedside care involved in the chronic disease service and there the LPN plays an important role. Here, too, the LPN serves as part of the nursing team.

I know that your Council of the National League for Nursing has published a statement on continuing education for the licensed practical nurse, stressing the value and importance of inservice education, which is the responsibility of the employing agencies. Since practical nursing programs are usually one year in length, we know that it is impossible to train students in all phases of nursing services. We in the District who are interested in proper health care, like you who are responsible for the training aspects for LPNs, feel that on-the-job and inservice training and continuing educational programs are our responsibility if new graduates are to become expert practitioners. We are offering this training in District Government agencies. For example, special training in rehabilitation nursing is provided, and LPNs administer selected medications in our hospitals if they have completed the course on medications offered by the hospitals.

Practical nursing, from a beginning as a service of general helpfulness to the sick in their homes, practiced by anyone who wished to undertake it, has grown into a recognized practice. The licensed practical nurse proves her effectiveness every day in providing nursing services.

It seems to me that it takes a special kind of people to become successful practical nurses. They must have the ability to blend practical training with a warm, humanitarian feeling for the sick. Today, I pay tribute to all of you by saying that what you do to train these people is of the utmost importance to our country. And if this makes you feel good, if it gives you a rightful feeling of pride, take it as part payment for training those who have helped so many back on the road of good health.

CURRENT ISSUES AND THEIR IMPLICATIONS FOR PRACTICAL NURSING PROGRAMS

Presentation by Margaret McLaughlin

As a background for consideration of practical nursing practice, let us review some current situations and issues in health services in general.

We have heard so much of the shortages in the health occupations, and particularly of the shortage of nurses, that we have often given the impression that we could solve our problems of health services simply through recruiting ever increasing numbers into nursing or multiplying the numbers and types of auxiliary personnel. Although we know this is not true and that our problem of providing health services is many-faceted, that of manpower appropriately trained is still of great importance.

The number of persons in health occupations and the percent of the labor force so employed shows the growth of the health industry in the United States. In 1900, persons in health occupations constituted 1.2 percent of the civilian labor force; in 1960, 2.9 percent. By 1966, 3.7 percent of the labor force (2.8 million persons) were engaged in the health occupations. Between the years 1950 and 1966, while the population of the United States increased by 29 percent, the number of workers in the health occupations increased by over 90 percent. The increases were very uneven among occupational categories. The number of physicians increased by 34 percent; the number of registered nurses, by 71 percent; and the number of practical nurses, by 119 percent. And still we hear of acute shortages. We know that geographic distribution of health manpower is unequal. Certain of the New England States, for example, have over 500 employed registered nurses per 100,000 population, while the ratio in some of the Southern States is less than 200 per 100,000, with one state having only 121 nurses per 100,000 population. Obviously, these situations influence how practical nurses are utilized.

Spiraling medical care costs, health personnel shortages, and maldistribution of health facilities and resources have been the subject of intensive study and recommendations. One of the most encouraging developments is the attention now being given to our health care system. Research and development programs in the delivery of health services may now be supported by Federal funds, as has basic biomedical research. Those of us in nursing see this as an opportunity to find answers to some of our questions about patient needs, about staffing patterns for public health agencies, hospitals, and extended care facilities and about personnel utilization.

A number of innovative programs in nursing homes in which practical nurses played key roles have been called to my attention by our PHS consultants in the Medical Care Administration Division.

Licensed practical nurses are being used in "return to reality" sessions, where the guidance is being given by a registered professional nurse, who remains a group resource. In these sessions the licensed practical nurse follows a guide written by and discussed with the R.N. The LPN participates in planning the sessions and is the organizer and the discussion leader.

Margaret McLaughlin is Assistant Surgeon General, Chief Nurse Officer, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Another suggestion would cast practical nurses in nursing homes in the role of data gatherers in a study of practical nurse utilization. They might observe and record patient needs and what practical nurses do and don't do for patients in nursing homes over a specific period of time. They could discuss their observations with the director of nursing and with nursing educators of approved schools of practical nursing. They could be encouraged to make suggestions so that their contribution to practical nursing service to patients can be improved. It is also possible that they may recommend curriculum changes so that the basic practical nursing curriculum can be strengthened and improved.

Although the majority of practical nurses have been employed in hospitals and nursing homes, there is a trend toward their increased participation in public health and home health services.

The Division of Nursing in its recent publication titled Services Available for Nursing Care of the Sick at Home, which reflects the situation as of January 1, 1966, showed that 841 licensed practical nurses were employed by local public health agencies exclusive of boards of education. Visiting Nurse Associations employed 557 of those in public health.

Although no figures are available, it is known that a number of home health agencies added practical nurses to their staffs in preparing for the implementation of the Medicare Program.*

Licensed practical nurses have primarily been employed by health agencies since World War II. The licensed practical nurse is prepared to nurse and so brings to programs of nursing care in the home much-needed skills. In addition, the educational programs are strong in geriatric content, so that the graduate has a special contribution to make to the care of the ill and disabled aged. In the beginning, her work was largely task- and assignment-centered--that is, providing a specific care service in the home as an assistant to the nurse who was responsible for the patient's care.

Growth of the use of the team concept in nursing services is resulting in broadened functions and a more satisfactory work experience for the licensed practical nurse. Participation with public health nurses and other members of the health care team has given more meaning to her work and has provided more support, guidance, and security. Agencies have benefited from her contribution to effective assessment and planning to meet patients' needs and the resulting improvement in quality of care for patients.

Many agencies have been looking for assistance in preparing licensed practical nurses for work in public health. Some schools provide an experience in home care; some licensed practical nurses receive their orientation to public health and home care services in the employing agency. Some agencies, such as the Indian Health Service, have taken steps to prepare the licensed practical nurse as an assistant to the public health nurse. A twelve-week course of 480 hours provides both theoretical instruction and practical experience and prepares her to work in field clinics, out-patient services, schools, and homes under the supervision of the public health nurse.

From 1952 to 1962, Montefiore Hospital in New York was assigning students to the Department of Home Care during the second half of the year to give them nursing experience in the home. The main emphasis was on understanding the patient in the more complex environment of the home and on observation of social, environmental, and emotional factors affecting care.

*Practical nursing duties and qualifications are described in Conditions of Participation for Home Health Agencies as a reimbursable service under Medicare.

Just as we cannot consider nursing service in isolation from health services, so must practical nursing education be considered in its relationships to preparation for other health occupations. The purposes of vocational education have been so enmeshed with the purposes of education in general that we are not justified in treating vocational education, including practical nursing education, only from its vocational aspects. As we discuss this today and in the months to come, I hope we may find approaches to questions with which we are faced.

What are the differences and similarities in vocational and technical education? What are the goals of vocational and of technical education that are common to education in general, to higher education, and to education for the professions? Can consideration of these and related questions shed any light on education for the health occupations?

Are practical nurses being prepared for the responsibilities that are being given them in their work situations? What do we know specifically about utilization of practical nurses? What responsibilities are they carrying for which they are not trained? And which of these responsibilities might appropriately be included in their basic training? What of continuing education for practical nurses?

CURRENT ISSUES AND THEIR IMPLICATIONS FOR PRACTICAL NURSING PROGRAMS

Presentation by Ruth B. Edelson

I have been asked to present current issues and their implications for practical nursing programs. I have chosen to bring to your attention what I consider to be the major issues today.

To begin with, we are educating our students for the two roles defined in ANA's Statement of Functions of the Licensed Practical Nurse, which was approved by NFLPN in 1963 and by the American Nurses' Association in 1964. The roles are defined as follows: "The licensed practical nurse gives nursing care under the supervision of the registered professional nurse or physician to patients in simple nursing situations. In more complex situations the licensed practical nurse functions as an assistant to the registered professional nurse."

The critical shortages of trained personnel in nursing, particularly professional and technical nurses, prevents the practical nurses from functioning in the role for which they have been educated. There is a core of technical skills within the occupation of nursing that is common to all groups. When nursing service situations arise that call for the skill and judgment of a professional or technical nurse and these are not available, the licensed practical nurse often is expected to and does assume duties for which she is not really prepared because she has this core of skills. Very often she is the best-prepared person available.

Perhaps we as educators should consider preparation of a specialist rather than the generalist we are graduating. Would a practical nurse with a one-year program of instruction in care of geriatric patients be more effective as a team leader or charge nurse than the person we are currently preparing? At issue also is the question that if hospitals must use licensed practical nurses as they are currently being assigned, who is to assume responsibility for their special preparation? It would seem to me that since needs and patterns of nursing service vary with each institution and locale, it is the hospital's responsibility to prepare, support, and guide the practical nurse. Also, since practical nursing education is a terminal program, and in order to remain effective the nurse must be stimulated to continue her learning and take pride in her contribution, hospital inservice education is the logical instrument for this program. To my knowledge, current hospital inservice education programs are limited to orientation to the institution and teaching the administration of medications. A few hospitals present clinical lecture series for registered nurses to which licensed practical nurses are welcomed.

As long as I am discussing problems involved in utilization of licensed practical nurses, I must mention that even after more than 20 years of formalized practical nursing education and at least 18 years of recognition by state licensure, there are too many registered nurses who do not understand the educational programs in practical nursing or the functions for which the practical nurses they are directing have been educated.

Ruth B. Edelson is Principal, Shapero School of Nursing, Sinai Hospital, Detroit, Michigan.

This single factor is responsible to a degree for both the over- and under-utilization of our practitioner.

I will only mention the fact that practical nursing education, like all other fields of education in the United States today, is suffering because of a lack of qualified instructors. We are, I know, each dealing with this problem to the best of our ability.

I would like now to discuss an area to which, I think, we have given too little thought. Practical nursing education originally was designed to prepare middle-aged women for a useful career. In the last few years, increasingly larger numbers of girls in their late teens are entering our schools, attracted by the comparatively short learning period in which they can be prepared to earn a living. They remain in the field sometimes for only a year or two and then retire to raise families. In order to increase the number of practicing licensed practical nurses so badly needed, we should make every effort to attract women between 35 and 50 years of age who are returning to the labor force. We should make our programs more flexible to accommodate their learning needs and the needs of their families. We should space our class hours so as to reduce tension and give them an opportunity to fulfill their home obligations. We are too prone to establish rules without considering student needs. Perhaps those educators involved in teaching the underprivileged in the MDTA programs can lead the way in demonstrating that flexibility does not adversely affect the standards of a program.

I have always considered as a serious issue in practical nursing education the fact that we are supporting a terminal program in a country whose very breath of life is "to get as far as fast as one can". Most of us are products of a pattern of nursing education wherein we increased our knowledge and skills beyond our basic preparation as our finances and time permitted. There is no vertical, and but limited horizontal, advancement for the licensed practical nurse. However, a few registered nurse programs today are allowing credit for practical nursing education to applicants who meet their admission requirements. Perhaps we should reexamine our programs to see if there are areas we could strengthen to facilitate this progression without altering the basic philosophy and objectives of practical nursing education.

Lastly, it is proposed in American Nurses' Association's First Position Paper on Education for Nursing, published in the December 1965 issue of American Journal of Nursing, that "the nursing profession . . . systematically work to facilitate the replacement of programs for practical nursing with programs for beginning technical nursing practice in junior and community colleges." The implication of this statement is very clear: to close all schools of practical nursing as soon as local communities can initiate and support sufficient associate degree programs and recruit students to meet the needs of the public. This has raised a question that must be answered if we are to continue to meet our objectives for the future.

Our parent organization, the National League for Nursing, at the eighth biennial convention in 1967, in the closing business session passed a motion with a large majority. The following was a part of this action: "It /NLN/ also strongly supports those accredited diploma and licensed practical nurse programs which are the source of supply of the majority of today's nurses, and which must be continued and supported concurrently with the development of other programs necessary to assure that the present and evolving nursing needs of the nation are met." The motion also states, "The NLN recognizes the differing problems existing in the various regions of this country and therefore strongly endorses educational planning for nursing at local, state, regional, and national levels

to the end that through an orderly development, a desirable balance and adequate numbers of nursing personnel with various kinds of preparation will become available to meet the nursing needs of the nation, as well as insure the uninterrupted flow of nurses into the community."

The League has initiated and supported the accreditation program, and the Council of Practical Nursing Programs has been represented in the deliberations of the organization. We must continue to receive strong support if our schools are to survive.

The division of practical nursing into two organizations, National League for Nursing and National Association for Practical Nurse Education and Service, both with many of the same objectives, has made concerted action of teachers and licensed practical nurses impossible at a time when the vocation's survival is at stake. I and those of my colleagues here today believe that the interests of practical nursing education are best served in the National League for Nursing.

I believe the gravest issue we face today is ourselves, our own attitudes. We must educate practical nurses in the number and the type of programs that are currently approved by our state boards. Today, we must work to improve our schools and to consolidate or eliminate weak programs. Our faculties must engage in vigorous self-evaluation and honest appraisal of the results. The National League for Nursing's Criteria for The Evaluation of Educational Programs in Practical Nursing is an excellent guide by which to identify strengths and weaknesses. As of today, only 11 of our schools have moved forward with confidence in practical nursing education and practical nursing to become accredited. Perhaps when the extensive planning to meet the health needs of the community has been completed, we may find that it will be necessary to redefine the roles within the occupation of nursing.

CURRENT ISSUES AND THEIR IMPLICATIONS FOR PRACTICAL NURSING PROGRAMS

Summary of Presentation by Robert M. Morgan

George Washington Carver once said, "Don't tell me what a man knows. Tell me what he can do." This is an interesting idea to think of in relation to education. Suppose students were measured or rewarded, not on the basis of an accumulation of points or number of weeks of study, but simply on performance. They could move as rapidly as they chose to reach their objective and select their own resources, because what would matter would be what they could do -- not how they had learned to do it.

This idea is gaining creditability in public education (though it still has a long way to go), where such programs of study are referred to as "individually prescribed instruction." One such program is now in operation in the Bloomfield Hills public school system. Here the faculty has tried to define the aims of their educational program at each successive level, from kindergarten to high school. The students are told what the aims are, and the faculty works with them individually to help them attain their performance objectives as rapidly as they can. The students are responsible for their own learning, can move as rapidly as they choose, and work on their own with very few lectures. The teachers are resources for the students, rather than directors of learning. There are no computers and very little self-instructional material or programmed instruction. The students are progressing rapidly, and the teachers find it a most rewarding kind of teaching.

These students are, of course, a bright, upper-class population, and the school does not have many of the problems that other schools in the country have. The program as it stands would not work with the disadvantaged children of the inner city, but the principle is effective, and we will be seeing more of these programs.

The implications are profound for practical nursing programs because they are in the secondary schools. If this type of instruction is started in the early grades and the students progress rapidly, they will run out of curriculum before the end of the traditional 12 academic years. This will permit us to do some interesting things in the public schools, and the Office of Education will be supporting experimental and pilot efforts. A major program will integrate academic and occupational education. The occupational programs will be greatly expanded and will no doubt include some things in the allied health occupations area.

Education will change, and very dramatically, in the next five or six years. It will affect your programs, and you probably ought to be thinking in terms of how. A sample question: Suppose it were possible to achieve the objectives of the practical nursing programs by the end of the 12th grade. Would you be willing, assuming you had the technology to assess the performance of these youngsters, to certify them as LPNs? It's an interesting question and one you might think about.

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CURRENT ISSUES AND THEIR IMPLICATIONS FOR PRACTICAL NURSING PROGRAMS

Summary of Presentation by Helen K. Powers

As long as practical nursing education programs are offered within the public education system, they will be affected by issues and changes in the system. Either practical nursing programs in the public education system change as public education changes, or obsolescence sets in, with only one alternative--the program would ultimately be discontinued.

Education today places emphasis on occupational training (vocational and technical education) as a means of helping disadvantaged members of our population to find and hold employment. Students with educational and cultural lacks do not succeed in traditional educational programs. They must be given a great deal of remedial work or they may not be able to complete a given program in a specified length of time or progress in a regular program. Programs for the disadvantaged can be designed so that students proceed at their own pace. In terms of practical nursing education, this calls for greater flexibility in curriculum for new ways of determining student progress and achievement levels and for better use of teacher and student time, of instructional materials, and of other community resources.

Dead-end jobs are characteristic of employment in health services. Open-ended curriculums are being developed, allowing for articulation between and among various curriculums. Some schools offer many different occupational training programs, such as, for example, practical nursing, dental assisting, medical laboratory assisting, etcetera. In these schools, certain teachers who are specialists in one particular area will teach their subject field in all curriculums that require the subject. A faculty organized to teach in only one curriculum such as practical nursing will become obsolete.

Under development is a "core" curriculum, basic to many different health occupations, which can be used to introduce students to various health careers, including practical nursing. High school students and adults can enroll in such a program to prepare for entry-level jobs or to explore various career opportunities in the health field.

Another development of interest to the field of practical nursing is the removal of "earmarking" from various education funds. Beginning in July, 1969, vocational and technical education monies in the Office of Education will no longer have "set-asides" for practical nursing. Funds under vocational and technical education can then be used to meet educational priorities that are determined by each state. This not only gives the states' programs greater flexibility but also places responsibility on its citizens and on the occupational groups involved for determining what occupational training is needed in a particular state.

Helen K. Powers is Program Officer, Health Occupations Education, Division of Vocational and Technical Education, BAVLP, U. S. Office of Education, Washington, D. C.

In the discussion following this presentation, these points were made:

1. There will be no problem in "selling" accreditation once it is determined that accreditation of a school will improve nursing care received by the patient.

2. In developing curriculums, it would improve the program and be more efficient to teach patient care in broad areas of nursing rather than by clinical areas.

3. What are the responsibilities and privileges of a profession regarding decisions that affect people whose occupations are totally related to the profession but who do not have a voice in decision-making? If practical nurses, nurses' aides, and workers in other emerging categories that function within nursing do not participate in decisions that affect them, they will only develop greater frustration and dissatisfaction. Decisions should be made cooperatively with these groups.

4. Members of the nursing profession must assume their leadership role in promoting and helping to develop educational offerings. Educational groups are ready to support, promote, and give priority to programs preparing people for careers in health services. Leadership for such development requires a partnership between educators and the health community.

THE LICENSED PRACTICAL NURSE

Kenneth G. Skaggs

I have looked forward for some time now to this occasion at which time I would have the opportunity of talking with a group of people for whom I have a profound respect for the ways in which you are serving humanity and for the level of professionalism that you have attained in spite of the attempts of some to relegate you in your work to an "aide level." I must confess that I am sometimes confused over the use we make of such words as professional, semiprofessional, subprofessional, technician, and aide or assistant. I had always believed that "professionalism" was as much an attitude toward work and a dedication to its principles as it was a rationalization of category or place. Now that the time has arrived for me to present my discussion to you, I must confess a sense of uneasiness, and right at this moment I wish that I were somewhere else.

The reasons for both my anticipation and eagerness to be on your program and at the same time my uneasiness and wish to be somewhere else stem from the kinds of things I want to say to you. For a long time I have wished for the opportunity to express some personal attitudes, some personal convictions concerning the all-important job of health and medical care to patients and concerning your work and your role and function as a part of the health and medical team. I have wanted the opportunity to express some of my ideas concerning the development of educational programs in nursing education. At the same time I realize that I am after all a layman in the health and medical fields, that I am ignorant of the internal politics as well as of the nuances of opinion and attitude, and that I may sometimes speak from ignorance. I am also aware that my own attitudes and convictions cannot be accepted by everyone else, and that in expressing them, I may alienate both the opinion and the respect of you, whose opinion and respect I would appreciate.

However, perhaps I can justify my discussion with you today on the grounds that I am not trying to be an evangelist; I am not trying to convert you; I am not trying to persuade you to my way of thinking--I am merely expressing to you some ideas and thoughts of my own in the hope that I can stimulate your own thinking and discussion and consideration, and that out of this will come new ideas and a new and better way to approach our current educational patterns and our current job responsibilities.

I know that my responsibility here today is to focus some attention upon educational programs in nursing in the junior colleges. Perhaps at the close of my discussion, you will say to yourself that we did not discuss very thoroughly the junior college. However, I believe that implicit in this whole discussion is the community junior college as an institution and its role and function in our society, as its structure of educational development may affect and influence educational programs in practical nursing and nursing education in general.

In working within the special responsibilities assigned to me in the American Association of Junior Colleges, I have read most of the literature pertaining to nursing

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education on all levels; I have studied carefully the current advice concerning manpower shortages in the nursing profession; I have worked closely with and have listened at length to officials and personnel of the American Hospital Association; I have consulted with a number of key hospital administrators across the country; I have been closely associated with the American Medical Association through both Dr. A. N. Taylor, formerly of the Council on Education, and Mr. Ralph Kuhli of the Department of Allied Medical Professions and Services. All that I have read and heard and discussed has strengthened my conviction that the licensed practical nurse, or the vocational nurse, as some will call her, is a key person in the great responsibilities for patient care, that her approach to her work and responsibilities and to the patient is a dedicated approach, that her skills are numerous and desperately needed, and that the discussion at this time in our society's history to terminate the licensed practical nurse as a personnel category is not only a futile effort but an absurdity that we cannot now accept. If any changes or modifications are needed in nursing education, they would be to clarify her role, more strongly define her function, provide for greater educational opportunities, reevaluate her role and function in the hospital, and review the legal definitions of the kinds of things she is permitted to do and not permitted to do. She is a complement and a support to all other classes of nursing personnel, and she makes effective the work of all hospital personnel. The licensed practical nurse supplements, aids, and supports the work of the associate degree nurse and the work of the diploma school nurse, and if I analyze the role of nursing responsibilities from the layman's point of view, I am convinced that she is necessary to the proper support of the work of the baccalaureate or graduate nurse.

I might tell you, since I have had the temerity to go this far in opposing some of the thinking coming from the nursing profession at this time, that I am also convinced that it is a mistake to encourage the closing of hospital diploma schools of nursing--at least until such time as other educational programs not only will replace them to hold the quantitive status quo but will in addition offer educational opportunities to even more people. You see, I find myself so strongly made aware of such desperate nursing shortages that it is incredible that we can discuss at this time with any reasonable assurance the phasing out of any kind of educational program for nurse training. We have only a brief glimpse now of the great and desperate need of the future for health and medical care of our growing population, and the increasing number and complexity of illnesses and diseases to deal with, and more and more older people who want their old age to be something better than a mere existence.

In working in the allied health and medical fields on the junior college level, my office has identified and studied about 40 different health and medical occupational areas in which educational programs have been developed in the community junior colleges and are being offered in these institutions today. These 40 programs are found in hundreds of community junior colleges and are enrolling some thousands of students. Some of these programs are big, growing programs, with hundreds of colleges offering them and with graduations or certifications amounting to thousands of students each year. Other programs are found perhaps in only a few schools because they are meeting a far more restricted need, and graduations each year number only in the hundreds. But I must be honest in telling you that in studying all of these categories of occupations and the educational programs related to them, the nursing education programs on various levels are perhaps today among those programs reflecting a greater tie with tradition and the past, a greater reluctance to make true evaluations of role and function, a schizophrenic approach and understanding of what a good educational training program must be to produce

the personnel competent and skillful in the required areas, and a sharp hostility to suggestions or advice from anyone who is not in the nursing "establishment." Agreements have not been reached, at least as we take a nationwide view, on a consistent view of education and the work and relationship of the licensed practical nurse; of where, really, the associate degree nurse fits into the manpower function; of exactly the place in the educational hierarchy of the diploma nurse; and finally, the function and responsibilities to the whole field of nursing of the baccalaureate or graduate nurse.

Let me tell you why I say these things: my remark concerning the licensed practical nurse stems from the fact that today we are being asked to call her a "vocational" nurse. Although I am not quite sure what the word "practical" means in the current title, I am even less sure what the word "vocational" implies. From state to state, also, we have found variations in understanding in just what place the licensed practical nurse fits into the manpower picture, what she is able and competent to do that she is not now allowed to do, and perhaps even confusion is found in assigning her duties and responsibilities for which she has not been appropriately educated or trained. The wonderful fact is the efficiency of her performance in spite of these kinds of frustrations. The associate degree nurse is now being called the "technical" nurse, although her education and training allow her to be a candidate for the registry. We hear on all sides that she is the "bedside" nurse, that her prime responsibilities are in patient care and working as a member of the team. It is widely proclaimed that she must not be assigned the supervisory or administrative or decision-making responsibilities of a supervising or head nurse. Yet, her work has been so little clarified that her examination for the registry is the same as that given to the baccalaureate or the diploma nurse, and in most hospitals, on the personnel accounting sheets she is given many of the same classifications and descriptions as nurses with a more advanced educational background. We can't have it both ways. If we are really to attain a quality degree of education, then we must be educating for a definite objective and goal, and not for one that is unclear.

The diploma nurse, it seems to me, is in the worst position of all. Today, about 67 percent of all the nursing positions in this country are held by nurses who received their education and training in hospital diploma schools. Although she is relied upon by all, although she has gained the confidence of the medical profession and the hospital administrator alike, her actual education is held academically in such little regard that it is not accepted by most educational institutions, particularly the four-year colleges and the universities. An opportunity for her to continue her education and build upon her current training is found now in but few places.

The baccalaureate and the graduate nurses are experiencing a dichotomy in their role and function and their interests. Leadership, positive action toward administration, encouragement in teaching, all come to them as a kind of accidental direction, at least as far as the objectives of their education and training are concerned. The focus here frequently is toward a somewhat unique patient care experience. As someone has remarked, not quite truthfully, the baccalaureate degree nursing program is almost like the associate degree nursing program--it just lasts longer. I have personally interviewed a number of seniors in university-oriented nursing education programs, and many of them have told me that not once have they been given any counseling or encouragement to develop interests and directions in teaching and that their curriculums have held no courses or even seminar discussions of the ways and procedures for developing leadership qualities, the methods and theories of dynamic group practice, or the principles of administration of either personnel or activities.

If I am making too strong an indictment, and if you can immediately think of exceptions to these factors I have expressed, I must tell you that while there are cases across this nation of programs in nursing education that do take into account these various factors, that do surpass the levels of mediocrity, and that do reach for the stars, there are many more programs in conventional, arid, nonimaginative, traditional, backward-looking, and attitudinal "we turned out good nurses in 1880 and we are turning out good nurses today, and we haven't changed a thing" programs.

When the junior colleges began to move with vigor into all areas of occupational education, many of these institutions were given responsibility for various levels of vocational education, sometimes becoming the administrative units of vocational and technical schools. It was at this time that a number of practical nursing education programs came into the junior colleges, with curriculum development following the pattern that had previously been outlined. During the last several years, and continuing at the present time, a significant number of programs have been developed and implemented by the junior colleges as an initial planning effort. Some of these programs still follow the patterns of curriculum that have been determined through the past years, but others have shown examples of innovative curriculum development in this field. Some skill and competency education has been expanded to include new skills or to permit the learning of established skills in greater depth. Some programs have been expanded to a full two years, adding general education courses and supplementary courses in nursing education subjects. Greater emphasis has been placed by many of these programs upon the behavioral sciences and upon sociology. Some programs have placed greater emphasis upon the student's becoming oriented to the whole meaning and concept of health and medical education and the relationships that develop among the members of the health and medical team. The junior college development of these programs has demonstrated the ability to educate, train, and put on the job a person whose education and training have now the opportunities for greater depth, greater flexibility in role and function, and a greater understanding of the whole process involved in patient care.

One of the great strengths of the practical nursing education program has been that it, along with a few other allied health education programs, offers opportunities to and attracts to the program many persons whose age is beyond what we consider the normal college age. These programs have offered opportunity for housewives, for people in their forties and fifties, to find a new career opportunity. This program has recognized as a source of students a very large group of people who have heretofore been bypassed in the development of many other programs and in the recruitment policy of many educational institutions. The entrance of the more mature students who are considered well motivated, dedicated to service, has brought a strength to the whole spectrum of hospital personnel and to allied health education programs. To me this is a wonderful advantage of these programs, and I am happy to tell you that the community junior colleges have not only recognized this new source of students but are making full use of the opportunities offered by this resource.

I would like now to draw your attention for your own thinking and discussion to some suggestions and procedures that in my thinking will offer improvement and strength to the education programs now being developed in your field of concern.

1. I would once again support the premise that if we are to have meaningful programs in nursing education, the role and function of the nurse working at various levels must be more sharply defined and working relationships opened out in greater detail than they are now. In developing such definitions and

descriptions, much thought and consideration should be given, not to the differences of nurses in the various categories, but to the close relationships between and among them and the clear understanding on the part of personnel of the competencies and skills of each level.

2. I would suggest that there should also be instituted a study in depth of the work and skill procedures, and most importantly, a true evaluation coming from such a study of the most effective ways to plan and implement the clinical experiences of the students. At one time in the history of our educational effort, apprenticeship type of education was emphasized above all. One learned by practicing over and over again in the working environment the skills and competencies needed. We then clung tenaciously to the old saw that "practice makes perfect." We know now without doubt that learning is made up of many experiences, of which learning by doing is an important procedure, but it is not the only one. We also know today that "practice makes perfect" is not necessarily true at all times. Certainly repetition--practice--is effective up to a certain point, but there is a point of overpractice, overdoing, at which time carelessness, sloppiness, and awkwardness become factors and the skill learning actually decreases. Familiarity and boredom become a part of students' practice. We must study carefully those clinical experiences that have meaning and actually have educational and skill-training value. We must study carefully the length of time and the number of repetitions needed in clinical experience. We need to ask ourselves questions, perhaps oversimplified, such as "How many times need a nursing student make a bed in order to seat the procedures and the skills firmly in her memory?" "How many times does one do this or that or the other until the highest learning point is reached?" The practicum of the curriculum must be more carefully studied and more efficiently planned.

3. In developing the didactic portion of the curriculum, care must be exercised to develop relationships of what is being taught and what will be needed by the student as she begins her practice in skills.

I suppose while one is speaking about curriculum, a minor word should be said concerning the employment of simulation in developing skills and competencies. There are those to whom simulated practice is an anathema, and I have been told positively by nursing educators that simulated courses have no place in the learning process. I must tell you that I do not really know what the degree of success of simulated practice is. With a great deal of devilish glee, I would like to point out to you that the next time you fly in one of the great commercial jet airplanes, glance toward the cockpit and let the realization come into your mind that your captain who pilots this plane, in whose hands you have placed your life, learned to fly this great jet almost entirely through simulated experiences, seated in a Link trainer that never got off the ground or out of the building. You can be well assured that the airline companies did not place 50-million-dollar machines in the hands of a learner until all else in developing his skills had been used.

I strongly support the principle in education of opportunities that are continuing so that many, therefore, may move from one level of education and training to another without losing time and without duplication of learned skills. Today, our educational program for most curriculums is compartmentalized. To move from the licensed practical nurse level to the associate degree program, for instance, in order to be eligible

for the registry, is an awkward and sometimes almost impossible task. Each program goes down its own road, builds up its own little procedures, and says somewhat categorically, "You can enter this program only as a neophyte. Anything you have learned in any similar type of program has no use and no meaning in this program." Even more strict is the upward move from the associate degree nursing programs to the baccalaureate degree programs. The doors are even more tightly closed here. However, as important as the upward movement of educational opportunities may be, there is another flexibility that is needed--horizontal mobility. The education and training that we find in nursing education, whether it be on the practical nursing level or the associate degree level or the diploma level, offers a most important and significant support to other kinds of patient care responsibilities. As a matter of fact, traditionally, the nurse in the hospital has been assigned responsibilities and duties in other technical fields after an apprenticeship training period; thus nurses can become medical library technicians, hospital admission clerks, unit ward clerks, inhalation therapy assistants, surgical technicians, family-home aides, all a variety of performances. Today, a short apprenticeship training is not enough to perform many of these other kinds of duties in as efficient a manner as is required. Some planned educational and training program is necessary. But why should these other competencies, responsibilities, and skills be considered, as most of them are now, as totally unrelated not only to nursing education but to education for any other competency or skill in the allied health and medical fields? There are close relationships. There are similar and duplicated skills, and education should realize these and thus provide opportunity for the student to move across horizontally to career positions.

Finally, there must be an acceptance of the worth and the dignity of all those who make up the health and medical team, of all those who perform these dedicated services. There must be meaning in what we educate and train people to do. There must be career opportunity for the young people entering these programs. There must be flexibility and the opportunities to continue to grow in one's profession. Above all, we must avoid the deprecation of the various levels of personnel responsibility. Each has its place. Each is important to the other. No part of the profession can be effectively or efficiently realized in action without the help and the support of the other parts and a clear understanding of the relationship to them.

APPENDIX

CONFERENCE PROGRAM

Empire Room
Hotel Shoreham
Washington, D. C.
May 9-10, 1968

Thursday, May 9

BUSINESS SESSION — Presiding: Freida Lebensbaum

9:00 a.m.	Greetings Honorable Walter E. Washington Ann Douglas, Ph.D. Margaret B. Harty, Ed.D.
9:30 a.m.	Old Business: Approval of Minutes of May 1967 Meeting New Business: Approval of CPNP Functions and Rules of Procedure Approval of Policies and Procedures of Accreditation for Practical Nursing Programs
10:45 a.m.	Reports Freida Lebensbaum Margery Low Beatrice Chase Grace Gould
12:00 noon	Recess to Friday, May 10, at 1:30 p.m.

PROGRAM SESSION — Presiding: Mary Kelly

2:00 p.m.	Current Issues and Their Implications for Practical Nursing Programs Leader: Margaret McLaughlin Discussants: Mrs. Ruth Edelson Robert M. Morgan, Ed.D. Helen Powers Kenneth Skaggs

Friday, May 10

GROUP WORK — Presiding: Mary Kelly

9:00 a.m. — Revision of "Statements Regarding Practical Nursing and Practical Nursing Education"

BUSINESS SESSION — Presiding: Freida Lebensbaum

1:30 p.m. — New Business Continued

2:30 p.m. — Summary of Group Work — Presiding: Mary Kelly

FORUM — Presiding: Sister M. Lucidia

3:00 p.m. — Questions and Answers on Accreditation

Ruth B. Edelson
Grace Edwards
Clare Eisenbach
Dorcas Keim
Ruth H. Leslie
Miriam O'Donnell
Carmen Ross
Sister M. Laetitia
Edna Townsend